

# AOM Transition to a Professional Entry-Level Doctorate

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With the entry-level doctorate (ELD) fast approaching our profession, a number of issues and concerns need to be explored and addressed. Fortunately for us, physical therapists have recently made this transition and provided a useful road map of how this change may look. The following is a series of selected FAQs highly relevant to what AOM practitioners will be asking as we move down the path toward an ELD. These FAQs appear on the American Physical Therapy Association Web site ([www.apta.org](http://www.apta.org)).

Please keep in mind the following equivalencies: *Degree Title*: DPT (Doctorate in Physical Therapy) = AOMD (Acupuncture and Oriental Medicine Doctorate, or whatever ELD degree title[s] we choose); *National Professional Association*: APTA (American Physical Therapy Association) = AAAOM

FAQs: Transition Doctor of Physical Therapy Degree

*Note 1*: The degree nomenclature for both the professional (entry-level) and the post-professional transition clinical doctorate is *DPT*. In the following FAQs, the nomenclature *t-DPT* has been used to distinguish the DPT degree conferred upon completion of a transition program from the DPT conferred upon completion of a professional (entry-level) program.

*Note 2*: *Post-professional* in the *t-DPT* FAQs does not signify the acquisition of advanced clinical knowledge, skills, and behaviors; rather, it is used to signify that the *t-DPT* program and degree is for the U.S.-licensed physical therapist who has successfully completed professional (entry-level) education prior to enrolling in a *t-DPT* program.

1. What is the transition DPT (the *t-DPT*) degree? The *t-DPT* degree is conferred upon completion of a structured post-professional educational experience that results in the augmentation of knowledge, skills and behaviors to a level consistent with the current professional (entry-level) DPT standards. The *t-DPT* degree enables the U.S.-licensed physical therapist to attain degree parity with therapists who hold the professional DPT by filling in any gaps between their professional baccalaureate or master's degree PT education and the current professional DPT degree education.

2. What's the difference between the *t-DPT* and an advanced clinical doctorate? The *t-DPT* degree does not reflect the acquisition of advanced clinical skills (e.g., specialization). Rather, it reflects an augmentation in the physical therapist professional body of knowledge and practice over the past 5-10 years. The outcome competencies of the graduate of a *t-DPT* program are most analogous to those of the current professional (entry-level) DPT standard. The post-professional advanced clinical doctorate reflects the acquisition of advanced level knowledge and skills associated with specialization,

certification, clinical residencies, fellowships, etc.

3. Can I practice without a DPT? Absolutely. The right to practice therapy is granted by states through licensure. Licensure requires graduation from an accredited professional physical therapist education program. Graduates possessing a professional baccalaureate, masters, certificate or doctoral degree are currently licensed in the workforce.

4. What is a t-DPT program? A t-DPT post-professional physical therapist education program is one which allows the U.S. licensed physical therapist to obtain the clinical doctorate by demonstrating knowledge commensurate with that of current professional (entry-level) DPT program outcomes; and takes into account a learner/applicant's knowledge and experience.

5. Do t-DPT programs admit clinicians with a baccalaureate PT degree? A certificate? A masters? The vast majority (88 percent) of transition programs admit U.S.-licensed or licensure eligible physical therapists with a baccalaureate or master's degree or a certificate. In all cases, the learner/applicant is strongly encouraged to contact the programs of interest directly to determine their admission requirements.

6. What content is typically found in a t-DPT program? Program content may include any of the following: clinical decision-making, physical therapy diagnosis and screening, diagnostic imaging, pharmacology, health care systems, business, and economics, outcomes measurement, patient/client management, clinical research, the principles of evidenced-based practice, specific content related to the musculoskeletal, neuromuscular, cardiovascular-pulmonary and integumentary systems, professional issues, and applied case-based analysis or capstone.

7. Do work and life experiences count when applying for admission? If so, how? Yes. However, the precise manner in which the learner/applicant's knowledge and experience is taken into account will vary from program to program. Some programs have less flexibility in adjusting graduation requirements based on knowledge and work/life experiences. Others can make significant adjustments *if* the learner/applicant's knowledge can be documented in a consistent manner. These adjustments take the form of course/content waivers, substitution of required coursework with electives, or a reduction in total credits required for graduation.

8. What will I learn in a t-DPT program that I don't know already? You could potentially already know some or all of what is included in a transition DPT program as a result of your ongoing review of professional literature, completion of continuing education programs, post-professional education degree-based programs, clinical residencies or fellowships, earned board certified specialist certification, and ability to remain current with professional issues. However, it is also possible that you may not have learned and applied all of the content associated with knowledge that has been augmented in the past five to 10 years in professional (entry-level) physical therapist programs.

9. Why is it important for clinicians to acquire the t-DPT? The DPT is not required for the practice of physical therapy. Even so, there are several reasons for acquiring a DPT:

- There is value in any educational experience that augments knowledge, skills, and behaviors in a way that will help better position a practitioner in a very uncertain health care environment.
- The t-DPT program will provide practitioners with a degree-based opportunity to acquire new knowledge, skills, and behaviors and to do so with colleagues who bring a wealth of experience in the application of the science and art of physical therapy.

- Today, preparation to be a physical therapist requires an educational experience that is, in fact, commensurate with doctoral preparation; the DPT is the appropriate degree for that preparation.
- The t-DPT program provides the U.S.-licensed physical therapist to achieve degree parity with graduates of professional physical therapist education programs.
- The DPT is the foundation of a doctoring profession; the doctorally prepared practitioner will be perceived as possessing all of the rights, privileges, and obligations associated with being a member of a doctoring profession.
- The DPT is fully consistent with the profession's intentions regarding the role and responsibilities of the physical therapist as expressed in APTA's Vision 2020.

While these FAQs offer a valuable perspective on the path toward an ELD, it also brings forward a whole host of issues that will need discussion and resolution. Given the dynamic confluence of our ancient heritage with our modern society, our ability to influence the shape and function of our future profession will be decided by how we navigate this terrain. It is imperative for the AOM profession to have this discussion about the ELD now. For an online discussion board on this topic sponsored by the AAAOM, please go to [http://forums.aaaomonline.org/forum.asp?FORUM\\_ID=25](http://forums.aaaomonline.org/forum.asp?FORUM_ID=25).

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